	DEPART	MENT OF HEALTH	AND HUMAN SERVICES	. ()	1	~ I .		PI	•••	07/25/2013 APPROVED
	CENTER	RS FOR MEDICARE	& MEDICAID SERVICES	454	<u>~</u>	9/0	7 3	O		0938-0391
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01					(X3) DATE SURVEY COMPLETED	
			445415	B. WING					07/:	23/2013
	NAME OF PROVIDER OR SUPPLIER				STREET	FADDRESS, C	ITY, STATE, Z	IP CODE		
	NHC HEALTHCARE, FARRAGUT			120 CAVETT HILL LANE KNOXVILLE, TN 37922						
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		(EACH CC	DRRECTIVE A	OF CORRECTION CTION SHOULD O THE APPROPI NCY)	8E	(X5) COMPLETION DATE
	K 075 SS=D	REGULATORY OR LSC IDENTIFYING INFORMATION) NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do no exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to have soiled linen receptacles under 32 gallons. The findings include: Observation and interview with staff on July 23, 2013 at 11:30 a.m. revealed the following soiled linen receptacle deficiencies: 1. Interview with housekeeping supervisor stated that soiled linen receptacles bags exceed 32 gallons. 2. Portable soiled linen receptacles when not in use remain out in corridor at all times. 3. Interview with staff stated that three (3) soiled linen receptacles, each exceeding 32 gallons, are stationed side by side in corridor at all times. These findings were verified by the maintenance			3	linen were hallw ed to area. affec No ad patie to th linen in the Nursi were July codes for l recep Quali for 3	and tremoved ay alcome a property werse of the control of the cont	2013 all rash rect from to the storage and trash rect and trash storage and mones to asstorage processorage p	eptabhe relocage eficies to relace of eptace staffy 6-dures onitores	ency ted les
		These findings were								
			erence on July 23, 2013.							
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ļ	ABORATOR	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE		-	TITLE			(X6) DATE
			- -	MIUKE	-] /	,	TITLE	^	<i>_√l.</i>	7/7
_	_// <i>X</i> .	LIQ XQAE	2	·	<u> 4</u> d	minis	Mesto	<u> </u>	<u> </u>	//(3
1	Any deficienc	y statement ending with a	an asterisk (*) denotes a deficiency whi	ch the ins	titution n	nay be excuse	ed from corre	cting providing	it is deten	mined that
			tection to the patients. (See instruction							
(days following	rate or survey whether of the date these documer	not a plan of correction is provided. Fints are made available to the facility. If	or nursing deficienci	es are c	ited, an appro	ved plan of o	correction is req	uisite to c	เอกนิกued
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FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: TFDX21

Facility ID: TN4716

If continuation sheet Page 1 of 1

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